

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)**

SERIAL NO.

FILING DATE

APPLICANT(S)

09/830227

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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TOTAL IND.	1		2		1	
TOTAL DEP.	2		6		6	
TOTAL CLAIMS	6		8		7	

	A		B		C	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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